

CLAIM FOR RELOCATION ASSISTANCE BENEFITS

North Dakota Department of Transportation, Design Division

SFN 10143 (Rev. 01-2003)

Project Number	Parcel Number	County
Full Name of Claimant	Address (Line 1)	
Address (Line 2)	City, State, Zip	

☐ Claim for loss of tangible property.

☐ Claim for fixed payment.

☐ Claim for incidental costs (storage, insurance, searching expenses, other).

Type of incidental claim: _____

☐ Claim for moving miscellaneous personal property.

☐ Claim for reestablishment expenses.

Move from:

Move to:

Street	Street
City	City
<input type="checkbox"/> Computation of payment.	_____
<input type="checkbox"/> Description of incidental expenses.	_____
<input type="checkbox"/> List of miscellaneous personal property.	_____
<input type="checkbox"/> List of reestablishment expenses.	_____
Use Reverse for Additional Information	

Certification

I certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all information submitted herewith or included herein is true and correct. This claim is further substantiated by attached receipts or state's offer.

DATE OF CLAIM

CLAIMANT (TYPE OR PRINT)

SIGNATURE

Approval/Authorization

I certify that I have examined this claim and substantiating documentation and have found it to conform to the applicable provisions of the North Dakota State Law and Code of Federal Regulations, Title 24. This claim is approved and payment is authorized as follows:

Amount authorized
for payment: \$_____

RELOCATION OFFICER (TYPE OR PRINT)

SIGNATURE

TITLE

Mail completed form to:

Design Division
N.D Department of Transportation
608 East Boulevard Avenue
Bismarck, North Dakota 58505-0700

